COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp

RECEIVED

SECRETARY OF THE SENATE
PUBLIC RECORDS

2019 APR 17 PM 1:34

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

ame of Traveler: Lauren de
mploying Office/Committee: U.S. Senobr Ben Cardin
ravel Expenses Paid by (List all sources): Health Information Monogement Systems Soci
ravel Date(s): Feb 12-15, 2019
escription/Title of Attached Forms: RE-1 Employee Pre-Travel Quithouzotron
urpose of Amendment (describe the reason for amending original submission): <u>left at the eniqual</u>
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Form RE-1

(Revised 10/19/15)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Lauren A. Jee
Employing Office/Committee:	Senator Benjamin L. Cardin
Private Sponsor(s) (list all): Health Infor	mation Management Systems Society (HIMSS)
	to have personal travel from February 16-19.
Destination(s): Orlando, FL	for any reason you <u>must</u> notify the Committee.
Destination(s):	
Explain how this trip is specifically connec	cted to the traveler's official or representational duties:
together over 1300 Health IT vendors, exper-	inance Committee, and I serve as his Health Counsel. The HIMSS Conference brings ts, and organizations for a series of education sessions and presentations. This is an all and challenges of healthcare information technology and how to improve the health
•	
Ni	
Name of accompanying family member (if Relationship to Employee: Spouse	
retationship to Employeespoase	
I certify that the information contained in the	his form is true, complete and correct to the best of my knowledge:
0//09/2019	Laure a. a.
(Date)	Laure Q. Jen (Signature of Employee)
TO BE COMPLETED BY SUPERVISING SE Secretary for the Majority, Secretary for the Mi	NATOR/OFFICER (President of the Senate, Secretary of the Senate, Scrgeant at Arms, inority, and Chaplain):
Senator Benjamin L. Cardin	Lauren A. Jee
(Print Senator's/Officer's Name)	(Print Traveler's Name)
related expenses for travel to the event desc	to accept payment or reimbursement for necessary transportation, lodging, and cribed above. I have determined that this travel is in connection with his or her lder, and will not create the appearance that he or she is using public office for
I have also determined that the attendance of the Senate. (signify "yes" by checking box)	of the employee's spouse or child is appropriate to assist in the representation
01/09/2019 (Date)	Signature of Supervising Senator; Officer)





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required post-travel disclosure.

Date/Time Stamp:

ETHIC JRM18'19am11:46

Ongmally submitted: Jan 9/19@3:01 GAD

Name of Traveler:	Lauren A. Jee
Employing Office/Committee:	Senator Benjamin L. Cardin
Private Sponsor(s) (list all): Health In	ormation Management Systems Society (HIMSS)
Travel date(s): February 12-15 Note: If you plan to extend the	rip for any reason you <u>must</u> notify the Committee.
Destination(s): Orlando, FL	
Explain how this trip is specifically co	nected to the traveler's official or representational duties:
together over 1300 Health IT vendors, e	e Finance Committee, and I serve as his Health Counsel. The HIMSS Conference brings perts, and organizations for a series of education sessions and presentations. This is an initial and challenges of healthcare information technology and how to improve the health
Name of accompanying family members Relationship to Employee: Spouse I certify that the information contained	(if any):
1/18/2019 (Dale)	Lauren General (Signature of Employee)
TO BE COMPLETED BY SUPERVISING Secretary for the Majority, Secretary for the	SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Minority, and Chaplain):
Senator Benjamin L. Ca	
(Print Senator's/Officer's Nat	
related expenses for travel to the event	n, to accept payment or reimbursement for necessary transportation, lodging, and lescribed above. I have determined that this travel is in connection with his or her holder, and will not create the appearance that he or she is using public office for
I have also determined that the attenda of the Senate. (signify "yes" by checking	ce of the employee's spouse or child is appropriate to assist in the representation ox)

Signature of Supervising Senator/Officer)